

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 173
Registered No. 90

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1021 Alderman St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Roman { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Feb. 22-1929
Month Day Year

8. FATHER
Full name Ausencio Roman

14. MOTHER
Full maiden name Guadalupe Roman

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

16. Color or race Mex. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Nanoe, Mex.
(State or country)

18. Birthplace (city or place) Santa Rita, New Mex.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Beryl M. Brown M.D.
Physician
(Physician or midwife):

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Such 1, 29 Registrar _____

Registrar

Registrar

795-422-795

order of birth stated.